

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEB 15
FEC MAIL CENTER

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

ADDRESS (number and street)

635 N UNIVERSITY DR

◀ (Check if address
is changed)

PO BOX 630866

NACOGDOCHES

CITY ▲

TX

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

◀ (Check if address
is changed)

CHAIRMAN@NAC-GOP.COM

Optional Second E-Mail Address

LINDASISK@suddenlink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

◀ (Check if address
is changed)

NAC-GOP.COM

2. DATE

08 ' 29 ' 2012

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MARY ANN DERBY

Signature of Treasurer

Mary Ann Derby

Date

09 ' 12 ' 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Candidate Committee:

- [illegible]

[illegible]

(d)	This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
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☒ **Membership Organization** ☐ **Trade Association** ☐ **Cooperative**

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

[illegible]

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

~~WIRE~~
 NACOGDOCHES COUNTY REPUBLICAN PARTY

Mailing Address

P O BOX 630866

NACOGDOCHES TX 75963-0866

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

MARY ANN DERBY

Mailing Address

713 SE STALLINGS DR

NACOGDOCHES TX 75964-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

936-569-9965

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

MARY ANN DERBY

Mailing Address

713 SE STALLINGS DR

NACOGDOCHES TX 75964

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

936-569-9965

12030890061

Full Name of
Designated
Agent

JACKIE YATES

Mailing Address

P O BOX 630866

NACOGDOCHES

CITY

TX

STATE

75963-0866

ZIP CODE

Title or Position

CHAIRMAN

Telephone number

936-462-3175

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANCORP SOUTH

Mailing Address

2400 NORTH ST

NACOGDOCHES

CITY

TX

STATE

75965-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address


CITY

STATE

ZIP CODE

12030890062

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	9/24/12 DATE PREPARED

(3/2005)

12030890063